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Background: An estimated 76 million persons contract a foodborne illness each year in the United States. In 1996, CDC's Emerging Infections Program established the Foodborne Diseases Active Surveillance Network (FoodNet) to follow changes in incidence of infection due to pathogens commonly transmitted through food.
Methods: FoodNet conducted active laboratory-based surveillance for culture-confirmed cases of 7 bacterial enteric pathogens in a catchment area that increased from 5 sites in 1996 to 9 sites in 2003. Cases represent the first isolation of a pathogen from a resident of the catchment area. A main effects log-linear Poisson regression model was used to estimate the relative change in incidence, while accounting for the change in catchment area.
Results: During 2003, a total of 15,105 laboratory-diagnosed cases of 7 bacterial infections under surveillance were identified. From 1996-2003, the modeled incidence of Shiga toxin-producing *E. coli* (STEC) O157 infection decreased 42% [95% confidence interval (CI) = 58% to 19% decrease]. From 2002 to 2003, the incidence declined 36% (95% CI = 49% to 20% decrease) to its lowest recorded level, 1.1 cases per 100, 000 persons (4.5 cases per 100,000 children <5 years). From 1996-2003, the modeled incidence of infection due to *Campylobacter* decreased 28% (95% CI = 36% to 20% decrease), *Salmonella* decreased 17% (95% CI = 26% to 7% decrease), and *Yersinia enterocolitica* decreased 49% (61% to 34% decrease). Decreases in the modeled incidence of infection due to *Listeria monocytogenes* [21% decrease (95% CI = 51% decrease to 29% increase) and *Shigella* [9% decrease (95% CI = 49% decrease to 61% increase)] were not statistically significant, and the modeled incidence of *Vibrio* infection increased 116% (95% CI = 24% to 276% increase)
Conclusion: From 1996 to 2003, the incidence of *Campylobacter*, *E. coli* O157, *Salmonella* and *Yersinia* infections declined substantially. These changes occurred in the setting of improved food safety efforts by government agencies and the food industry, increased public awareness and food safety education. Continuing efforts are needed to further reduce the burden of foodborne illness.
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